

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SERVICE APPARATUS AND METHOD, the specification of which:

☒ is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
09/697,723	10/27/2000	Pending
09/735,609	12/15/2000	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Harold H. Fox, Reg. No. 41,498
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Address all correspondence to HAROLD H. FOX at:

FISH & RICHARDSON P.C.
601 Thirteenth Street, NW
Washington, DC 20005

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Steven M. Knowles

Inventor's Signature:

Steven M. Knowles

Date:

3-27-01

Residence Address:

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Citizenship:

United States of America

Post Office Address:

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Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: John R. Burke

Inventor's Signature:

John R. Burke

Date:

3-27-01

Residence Address:

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UNITED STATES
PATENT AND
TRADEMARK OFFICE

10765-011001 HHS
KJM

AUGUST 13, 2002

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UNITED STATES PATENT AND TRADEMARK OFFICE
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PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

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ASSIGNOR:
KNOWLES, STEVEN M.

DOC DATE: 03/07/2002

ASSIGNOR:
BURKE, JOHN R.

DOC DATE: 01/29/2002

ASSIGNEE:
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1738 MAPLELAWN DRIVE
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SERIAL NUMBER: 09817139
PATENT NUMBER:

FILING DATE: 03/27/2001
ISSUE DATE:

TONYA LEE, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS

* No Docketing Required *
Reviewed By Practice Systems
Initials: <i>[Signature]</i>
Reviewed By Billing Secretary
Initials: _____

FISH & RICHARDSON

AUG 19 2002



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Substitut Form PTO-1595
Attorney Docket No.: 10765-011001

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Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): Steven M. Knowles and John R. Burke Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Prime Solutions LLC 1738 Mapelawn Drive Troy, MI 48084 Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: 01/29/02; 03/07/02	
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): 09/817,139 B. Patent No(s): Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name/address of party to whom correspondence concerning document should be mailed: HAROLD H. FOX Fish & Richardson P.C. 1425 K Street, N.W. 11th Floor Washington, DC 20005-3500	6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §3.41): \$40 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to charge Deposit Account. 8. Deposit Account No.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
DO NOT USE THIS SPACE	
9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>	
Harold H. Fox Reg. No. 41,498 Name of Person Signing	 Signature 6-10-02 Date
Total number of pages including coversheet, attachments and document: 4	

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ASSIGNMENT

For valuable consideration, we, STEVEN M. KNOWLES of Silver Lake, IN, and JOHN R. BURKE of Troy, MI, hereby assign to: Prime Solutions LLC, a Michigan corporation and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled SERVICE SYSTEM AND METHOD, filed March 27, 2001, and assigned U.S. Serial Number 09/817,139, and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at Wabash C. Farm Bureau Credit Union,
this 7th day of March, 2002 NORTH MANCHESTER, IN
Steven M. Knowles L.S.
STEVEN M. KNOWLES

State of INDIANA :

: ss.

County of WABASH :

Before me this 7th day of March, 2002, personally
appeared STEVEN M. KNOWLES known to me to be the person whose name is subscribed to
the foregoing Assignment and acknowledged that he executed the same as his free act and deed
for the purposes therein contained.

Penelope Whitstone
Notary Public

My Commission Expires: 2/10/2007

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at 1738 Maplelawn Troy, MI 48064
this 29th day of January, 20 02

John R. Burke L.S.
JOHN R. BURKE

State of Michigan :

: ss.

County of Oakland :

Before me this 29th day of January, 20 02, personally
appeared JOHN R. BURKE known to me to be the person whose name is subscribed to the
foregoing Assignment and acknowledged that he executed the same as his free act and deed for
the purposes therein contained.



Allyne C. Quatrone
Notary Public

My Commission Expires:

ALLYNE C. QUATRINE
NOTARY PUBLIC MACOMB CO., MI
MY COMMISSION EXPIRES Mar 7, 2005